Davis County Health Department

CONFIDENTIAL DISEASE REPORT FORM

Today's Date _____/_____/_____

Patient's name (Last) **(First)** **(Middle initial)**

Street address	**City**	**State**	**Zip Code**	**County**

Home telephone number | **Alternate telephone number(s)**

Date of birth
_____/_____/____

Gender
☐ Male ☐ Female

Disease

Date of onset
_____/_____/____

Laboratory tested?
☐ Yes ☐ No

Race
☐ White
☐ Black
☐ Asian/Pac. Isl.
☐ Nat. American
☐ Other
☐ Unknown

Ethnicity
☐ Hispanic
☐ Non-Hispanic
☐ Unknown

Pregnant?
☐ Yes
☐ No

Did the patient die?
☐ Yes
☐ No

Date of death
_____/_____/_____

Laboratory results:

Specimen source:

Date collected _____/_____/_____

Name of laboratory:

Is the patient a food handler?
☐ Yes ☐ No
If yes, where?

Does the patient attend or work at a childcare center?
☐ Yes ☐ No
If yes, where?

Was the patient treated for this disease? ☐ Yes ☐ No

Treatment: **Dosage:**

Date treated_____/_____/_____

Was the patient hospitalized? ☐ Yes ☐ No

Name of hospital:

Admit Date ____/____/____ **Discharge Date** ____/____/____

Name of patient's physician:

Facility/Clinic Name:

Telephone number:

Name of person reporting:

Telephone number:

Comments:

Please return completed form and a copy of lab results to: Davis County Health Department
FAX (801) 525-5210
Davis County Health Department 24/7 Disease Reporting Line (801) 525-5220